

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>09801036</u>	FILING DATE <u>3-07-01</u>		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	/						51			
2		/					52			
3		/					53			
4		/					54			
5		/					55			
6		/					56			
7		/					57			
8	/						58			
9		/					59			
10		/					60			
11		/					61			
12		/					62			
13		/					63			
14		/					64			
15	/						65			
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17		/					67			
18		/					68			
19	/						69			
20	/						70			
21		/					71			
22	/						72			
23		/					73			
24		/					74			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	6	↓		↓		↓	TOTAL IND.	↓		↓
TOTAL DEP.	20	←		←		←	TOTAL DEP.	←		←
TOTAL CLAIMS	26						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS